STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT should Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 Length of residence in city of lown where death occurred PHYSICIAN (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Year) 5a. If married, widowed for divorced HUSBAND of E (or) WIFE of M : death is said (3) certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above. 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____min. were as follows Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 1D. Date deceased last worked at no this occupation (month and spent in this occupation instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) supplied plain terms, FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis?. HER 15. MAIOEN NAME important 23. If death was due to external causes (VIDL ENCE) fill in also the following 07 Accident, suicide, or homicide? EATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Ā 17. INFDRMANA should very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of Injury___ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. D. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B. WRITE PL.

1	STATE OF MARYLAND-	CERTIFICATE OF DEATH	08287
1 1	PLACE OF DEATH	(48)	ac
	County Surphis set	Registration Dist. No.	73
	Village or City	No. St death occurred in a hospital or institution, give its NAME instead of street	.,Ward
		ds. How long in U.S. If of foreign birth?yrs	
2.	FULL NAME Ela bans	el	
	(a) Residence: No. New - Savage, lu	St., Ward.	
-	(Usual place of shode)	If nonresident give city or tow	
3. SE	PERSONAL AND STATISTICAL PARTICULARS X 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 21.	U
	Flored Colored OR DIVORCED (rurite tha word)	(Moth) (Day)	, 193 S
	married, widowed, or divorced HUSBAND at (or) WIFE of Teorge Carroll	22. HEREBY CERTIFY That hatte	nded deceased from
6 DA	TE OF BIRTH (month, day, and year) Justich 27 - 72	Hast saw her alive on Opin 20 th	death is said
7. AG	E Years Months Days If LESS than	to have occurred on the date stated above, at 6 a. m.	, , , , , , , , , , , , , , , , , , , ,
6	3 - 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
N	8. Trade, profession, or particular kind of work done, as SPINNER,		
OCCUPATION	9. Industry or businass in which	carewood.	7
3	work was done, as SILK MILL, SAW MILL, BANK, etc	Iterus	
0 1	O. Date decaased last worked at this occupation (month and spart in this year)	<u> </u>	
	8 .00 - 1	Other Contributory Causes of importance:	
12. B	(State or country)		
E 1	3. NAME Quage more.		
FATHER	4. BIRTHPLACE (city or town) Suilfold	Name of operation Date	of
	(State or country) had.	What test confirmed diagnosis? Was there	e an au'opsy?
I	5. MAIDEN NAME Gassie thomas.	23. If death was due to external causes (VIOLENCE) fill in also the foll	owing:
TOW 1	6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	
	90 11 10	Where did injury occur? (Specify city or town, county an	d State)
17. IN	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	C PLACE.
18. Bt	URIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place 2 2, 19.33	Nature of injury	
19. UI	NDERTHER J. B White Go.	24. Was disaase or injury In any way related to occupation of decaased	17. Chr.
	(Address)	If so, specify	A.1
20. FI	LED 4 2 1 33,79 Marko hyper	(Signed) (Address) Santal	Wil.
- Janear		2411 N. Charles Street, Baltimore, Requesting U. S. No.	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

Exact statement_of_OCCUPA.

properly classified.

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	131)
	County / forward	Registration Dist. No.
	Village or City & Cayyantle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?mosds.
	2. FULL NAME & Stant Harr	isou
	(a) Residence: No. S. Caussille. 11/1	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	Male while suswed	(Month) (Day) (Year)
	5a. If married, widowad, or divircad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Pallyk Harrison	Jan 4 1932 to Mrs 10 1935
	6. DATE OF BIRTH (month, dayand year) Hours - 12 Th	I last saw h alive on afra 9 , 19.35; death is said
200	7. AGE Years Months Days If LESS than	to have occurred on the date stetad abovo, at 12 12 m.
	58 10 / 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
cer	1 8 Trade profession or particular	Certhal Harman
10	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	assens Islami
раск	kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (or with add	Ohum memulie myenes
DS	SAW MILL, BANK, etc.	myrandeli.
no	10. Date deceased last worked at this occupation (printh and year)	
OIIS) and a second s	Other Contributory Causes of importance:
1101	12. BIRTHPLACE (city or town) (State or country)	
Instructions		
	E	
Dec	14. BIRTHPLACE (city or town) (State or country)	Name of operation Deta of What have an explanation
٠		What test confirmed diagnosis?
Tau.		23. If death was due to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
portan	O 16. BIRTHPLACE (city or town) (State of country)	Whara did injury occur?
IWI	Mr. Pitting & Yang and	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Ly	17. INFORMANT	Spacify whathat injury occurred in Thousand, in nome, of in Public Place.
1	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
IS I	PER aug Mu Date Man 2015	Nature of injury
5	L'Empotodies 1	24. Was disease or injury in any way related to occupation of deceased?
11	19, UNDERTAKER (Address)	If so, specify
1	abilla at of a pinels the	(Signad) 73 . / M. D.
1	20. FILED USE (1909 Registrar.	(Address) Lannon.
	- H	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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PUREAU N. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAT pluods County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city of where death occurred How long In U. S. if of foreign birth?_____ yrs.____mos.__ statement PHYSICIAN 2. FULL NAME SRD. (a) Residence: No. St. Ward (Usual place of abode) If nonresident give city or town and State Xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 193 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CER TIFY. That I attended deceased from C 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE proper Days If LESS than to have occurred on the date stated above, at / 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular kind of work done, as SPINNER, Date of onset Jo SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work was done, as SILK MILL, 0 SAW MILL, BANK, etc no 10. Date deceased last worked at this occupation (month and 11, Total time (years) that spent in this instructions occupation ____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or county supplied FATHER 13. NAME 14. BIRTHPLACE (city or town) plain Name of operation. (State or country) carefully What test confirmed diagnosis? ----- Was there an autopsy? MOTHER important. 15, MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city of town) DEATH Accident, suicide, or homicide?_______ Date of Injury_______ 19. (State or county) be Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should very 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL -Manner of injury mation CAUSI .. 19 ... LION Nature of Injury 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? (Address) / If so, specify egistrar. If more blanks are needed, address Shute Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	341 - 1	Example 11	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PHYSICIANS should state

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certificate.

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See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

(Address) Glenele, Md

18. BURIAL, CREMATION, OR REMOVAL

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19. UNDERTAKER F. C. HIE

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mation should be carefully supplied.

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AGE should be

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of OCCUPA-

Exact statement

Ť	STATE C	F MARYLAND—	CERTIFICATE OF DEATH		
1.	PLACE OF DEATH		751 1971		
	County Howard		Registration Dist. No.		
	Village or City Glenelg Length of residence in city or town where		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2.	FULL NAME Rertrand	Howard			
	(a) Residence: No.	Glenelg, Md (Usualplace of abode)	St., Ward. If nonresident give city or town and State		
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SE	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH 4-29-35 (Month) (Oay) (Year)		
	f married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from the state of the s		
6. D/	ATE OF BIRTH (month, day, and year)	uly 16, 1900	I last saw here alive on Oper: 29 , 19.3.5; death ts said		
7. AC	SE Years Months	Oays If LESS than I day,hrs.	to have occurred on the date stated above, at3P.e.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate et onset		
ATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer	Alcoholien he had been drinking a great deal		
2	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Physician Brew nothing about Lecas sel's heart em-		
0000	10. Date deceased last worked at this occupation (month and 4 – 27 year)	11. Total time (years) spentin this Life occupation	Infossible to get any further informations		
12. B	IRTHPLACE (city or town)(State or country)	lary land	Other Centributory Causes of importance. - Ecleusese of the lungs:		
ER .	13. NAME George W. Hot	ard			
FATHER	14. BIRTHPLACE (city or town)Nd (State or country)		Name of operation work Oate of What test confirmed diagnosis? Climanal Was there an autopsy? Max.		
15. MAIOEN NAME Susie Johnson			23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide? 0ate of injury, 19		
Σ	(State or country)	Md	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in thousands in HOME or in PUBLIC PLACE		

Nature of injury

If so, specify

(Signed)

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	Example 11		
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Perilonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	New There have him blocks		
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN

STATE OF MARYI AND—CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or Jown where death occurred How long in U.S. if of foreign birth? statement (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Married. (Month) (Day) 5a. If married, widowad, or divorced HUSBAND of FY. That I attended deceased from a lo Irmil (Or) WIFE of PERMA × H certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than Days stated 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particular OCCUPATION be kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo may back 1. tndustry or business in which work was done, as SILK MILL, plnous SAW MILL, BANK, etc 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this occupation ... instructions UNFADING Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?_ Wes there an autopsy?. MOTHER 15. MAIDEN NAME im portant. E 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? ... (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, plnods very 0F (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE S 田 mation AUSI TION Nature of Injury 24. Wes disease or Injury In eny way related to occupation of decoased? 19. UNDERTAKER (Address) If so, specify (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

193 4

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EIIREAU V	. 5.		
Other contributory causes of importance:	Contract Con	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

inforstatement PHYSICIAN certificate. may back on that instructions plain carefully important DEATH plnods OF

BINDING

RESERVED

Village or City Length of residence in city or town where death occurred. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3-3EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. DAVORCED (write tha word) Pellel 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... NO Industry or business in which work was dona, es SILK MILL. SAW MILL, BANK, atc ... 10. Oata daceasad last worked at 11. Total time (years) this occupation (month and spent in this 12. BIRTHPLACE (city or town) (Stata or country.) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) MOTHER 16. BIRTHPLACE (city or town). Milan o (State or country) (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE

(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? ____ yrs. ___ mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH CERAIFY, That I attended deceased from to have occurred on the dete stated abova, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Other Contributory Causes of importance

What test confirmed diagnosis?.

Oate of onset

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur?___.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Nature of Injury

24. Wes disease or injury is any way releted to occupation of daceesed? If so, specify

If more blanks are needed, address street grant ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARY	LAND-CERT	IFICATE	OF I	DEATH
	1414 71 7 1 1	LIND OFILI	11 10/11 -	<u> </u>	

1 1	PLACE OF DEATH	1 1417417	ILAND	CENTILICATE	OF DEA	0.3	236
	County Howard	.1.		157-0)	Dogistration	Dia No. 194	/
	1				Registration	DIST. NO. 12	
	Village or City Elwah.	mel.	(If	NoNo Hospital or institu	tion, give its NAM	E instead of street and n	ward
	Length of residence in city or town where d	eath occurred					
2. 1	FULL NAME Buby Bo (a) Residence: No. Euro	y Lok ales, mo (Usual place	of abode)	St., Ward.	If nonresident	give city or town and	Stale
	PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	M. 4. COLOR OR RACE		RIED, WIOOWED,	21. DATE OF DEATH	4-	24	, 193 5
5a. If	married, widowed, or divorced	1			(Month)	(Day)	(Year)
H (IUSBAND of or) WIFE of			22. JHEREBY		X. That I attended of	deceased from
6. DAT	TE OF BIRTH (month, day, and year)	ril 18	,1935	I last saw ham. alive on	Yoril 24	, 192)	; death is said
7. AGE	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:			
PATION	B. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	<i>y</i> .	a .0 .6	ummi	, 4)	Date of great
3	J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			J.V			
0 10	Date deceased last worked at this occupation (month and year)	sper	ime (years) nt in this apation	Other Contributory Causes of Impo			
12. B11	RTHPLACE (city or town)(State or country)	and.		Fashers to Ol	ru the	Toramina	
置 13	3. NAME walter Co	ohey					
FATHER 14	BIRTHPLACE (city or town) (State or country)	ma		Name of operation What test confirmed diagnosis?		Date of	
œ ₩ 15	5. MAIDEN NAME et es ento	Celler	1-1-11	23. If death was due to external cau			
MOTHER 19	S. BIRTHPLACE (city or town) (State or country)	ina)		Accident, suicide, or homicide?			
17. INF	FORMANT Molter hopey	lund:		Specify whether injury occurred in	(Specify city or INDUSTRY, in HO	town, county and State IME, or in PUBLIC PLA	ACE.
18. BU	RIAL, CREMATION, OR REMOVAL			Manner of injury			
	Place At Johns Cemeling	Date 4	≥√ ,193V	Nature of injury			
19. UN	DERTAKER 7. C. Wignels (Addiess). Ellifort C.	thom?	2	24. Was disease or injury in any w			
20. FIL	ED & 12 24, 1935 S	a X	Christo Registrar.	(Signed) (Address)	lasker	elle m	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS 1	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND-C	ERTIFICATE	OF	DEATH
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11	17	9:	0	
.12	1	90	2	350

1. PLACE C	DEATH			210-an)	
County	Howard	. 6 6 8 6 6 6 6		Registration Dist. No. 192	
Village or •	cay-near, Ridg	eville,	R.F.D.	Mto. A1ry, St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of re	sidence in city or town whare o	death occurred _==		ds. How long in U.S. if of foreign birth? yrs me	
2. FULL NA	ME Carlto	n R.Lon	g.		
(a) Reside			eville, Mc	l . St Ward.	
(a) Reside	1100. 110.	(Usual place		If nonresident give city or town and	State
PERSO	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED. D (write the word) ngle	21. DATE OF DEATH And 15 (Day)	, 193 5
5a. If married, wido HUSBAND of (or) WIFE of	wad, or divorced		7/21	22. I HEREBY CERTIFY, That I attended	deceased from
		915-5-1	3	I last saw h alief on any late 19.7 A	: death is said
	(month, day, and year)	Days	If LESS than	to have occurred on the date stated above, at 3 4 m.	, 404111 13 3514
1		2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, prof	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	Laborer	(General)	accidentes de aid	
9_Industry or work w	business in which as done, as SILK MILL, ILL, BANK, etc.			automobile accident	1-15.
	ased last worked at supation (month and	Sp8	ime (years) nt in this	y any p	
12. BIRTHPLACE ((State or co	city or town) Mont	gomery		Other Contributor Causes of Importance	-
2 13. NAME	Lawrence			- Con	
프		derick	Co.	Name of operation Results Date of	
	or country) Ma	ryland.		What test confirmed diagnosis? & sale friday Was there and	autonsy? Mb.
15. MAIDEN N	AME Amanda	Watkin	s,	23. If death was dua to extarnal causes (VIDLENCE) fill in also the following	
6 16. BIRTHPLAC	CE (city or town) Mont	gomery ryland.	Co.	Accident, suicide, or homicide?	
17 INFORMANT	Mr.Lawrence	Long.		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
	R.F.DMt.	Airy, Md		Willia dt grunng	
18. Burial, cremation, or removal Montgomery Chapelone April, 17, p. 3			11,17,19.35	Manner of injury Automobile dise dise	
19. UNDERTAKER _		Maltz,		24. Was diseasa or injury in any way related to occupation of deceased?	no
(Address)	Winfiel 35	d Md	and-	If so, specify (Signed) Control Van Parley	M. D.
20. FILED	192	117 11	Registrar.	(Address) his airy his	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCI Registration Dist No. County . Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? SICIAN (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) classified 5a. If married, widowed, or divorced HUSBAND of LHEREBY CERTIFY. That I attended deceased from (OF) WHEE OF PERMA 丘 certificate. 6. DATE OF BIRTH (month, day, end yeer) to have occurred on the date stated above, at. 8 7. AGE Months 0avs If LESS than end related ceuses of Importance or min. Trade, profession, or particular LION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which should OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? OTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Ë Accident, suicide, or homicide?.. DEATH 16. BIRTHPLACE (city or town) Ξ (State or country) pe Where did injury occur?. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE plnods (Address) OF 18. BURIAL CREMATION OR REMOV Manner of injury CAUSE mation Date. NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER If so, specify 20. FILEOC

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Year) Date of onset Was there an autopsy? (Specify city or town, county and State)

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE C		STATE	OF	MARYLAND—CERTIFICATE OF	DEATH
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STATE OF MADVIAND	CERTIFICATE OF PEATH 01205
STATE OF MARYLAND—	CERTIFICATE OF DEATH
-1/	(131)
County Nowaed	Registration Dist. No.
Village or City West Treedally	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Teuten 7. Ridgel	M
(a) Residence: No. Frederick Road	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.SEM / 4. COLUR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEE 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (popic the money)	21. DATE OF DEATH
5a. If married, widowed of divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Jeli to many ley	Jan 8 - 1835 to april 27, 1935
6. DATE OF BIRTH (month, gay, and loan)	f fall saw h _ alive on _ alive on ,1935; death is sald
Months Days II LESS than 1 day,	to have occurred on the date state above, at 6 20 fr.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
& Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Tarmel	man di seal a la la
9. Industry or business in which	12-1-34
work was done, as SILK MILL, SAW MILL, BANK, etc.	acute Cardiac
10. Date deceased last worked at this occupation (month and 930) III. Total time (years) year)	delitation 4-27-35
occupation o	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
W 13. NAME Received Reduction.	
	None
14. BIRTHPLACE (city or town) Mary lave	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME / argaret Weisgroom	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homlcide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Solly L. Kettyely	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Int Friendshift Might Burial Chemoval ()	
18. BURIAL, GREMATION OF BEMOVAL CLUB Date JAN. 30 19.3.	Manner of injury
(F. + 1.1 de	Nature of injury
19. UNDERTAKER AND XXIII	24. Was disease or injury in any way related to occupation of deceased?
D1:600-1-17	(Signed) MCAMOOK MAD
20. FILED MANUL # (1935 CACE) YV D 1/2 Registrar.	(Address) Syr Esville M.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	I I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	RURTHER	STATEMENTS	RV	PHYSICIA	N
ADDITIONAL	STAUE	run	runingn	STATEMENTS	DI	LUISION	LIN

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	GUP.
County Howard.	Registration Dist. No. 191
Village or City Length of residence in city or town where death occurred yrs mo	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) is. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Coleansured ev. Some	Ol. march
(a) Residence: No. Selenst City Md (a. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The second of the	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of mary Surallwood	(Month) (Day) (Year) 22. HEREBY CERTIFY That I attended deceased from 24 1931 to up at 24 1935
AGE Years Months Days If LESS than 1 day,hrs	ware se follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onest Thomasy Thomas for 4/44
SAW MILL, BANK, etc 10. Date deceased last worked et 4/3 5 spent in this occupation (month and 35 occupation	Other Contributory Causes of importance:
13. NAME Elias W Smallwood 14. BIRTHPLACE (city or town)	
(State of country) Prioryclicum	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 400
15. MAIDEN NAME Mary C Harring 16. BIRTHPLACE (city or town). (State or country) mary land. 17. INFORMANT Country Smallwood: (Address) Elbandas. Med.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place fufferis Corner. Date 7/27, 1935	Manner of injury
19. UNDERTAKER J.C. Vig subathous (Address) Celebrat City many land	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/2) 19 3 5 West Frissell Registrat.	(Signed) And alway M. D. (Address) Ellsett tily ind

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THREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(82:0)
County howard	Registration Dist. No. 194
Village or City	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Laura V. Williams	
9 3/3	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 9 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace Williams	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hr ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Domestic	I last saw h alive on Inquiry 19 ; death is said to have occurred on the date stated above, at 5 . 15 Pm.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Maryland	Cerebral Hemorrhage 4-9-35 Other Cuntributory Causes of importance:
# 13. NAME Theodore Williams	
13. NAME Theodore Williams 14. BIRTHPLACE (city or town) (State or country) Md	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? NO
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Clifton Williams	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) West Friendship 18. BURIAL, CREMATION, OR REMOVAL Place Alpha, Md Date 4-14-35, 19	Manner of injury
19. UNDERTAKER F.C. Higinbothom Jr (Address) Fllicott City 20. FILED April 124, 1935 Sa Raclust Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mal . P

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		87843330 mr70460	